N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 12061
Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 85
City Poplar Bluff, Mo. (No. Lucy Lee Hospital St. Ward)

2. FULL NAME ~~Clyd~~ Clyde Haynes
(a) Residence, No. ~~Poplar Bluff~~, Mo. St., Ward.
(Usual place of abode) BEAVER DAM TOWNSHIP (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Katherine Haynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1897

7. AGE: YEARS 36 — MONTHS 9 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. constable
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontiac, Illinois

FATHER
13. NAME Edward Haynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

MOTHER
15. MAIDEN NAME Isabelle Clasper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England

17. INFORMANT (ADDRESS) Katherine Haynes Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Cochran cemetery
PLACE DATE 4/16/34 19

19. UNDERTAKER (ADDRESS) Greer Undertaking Company Poplar Bluff, Mo.

20. FILED 4-17- 1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

(1)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to April 14, 1934
I last saw him alive on Apr. 14, 1934 Death is said to have occurred on the date stated above, at 8:30PM
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Apr 2 1934

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J. W. McDaniel, M. D.
(Address) Poplar Bluff, Mo.